

2019 Nutrition Education Art Contest Entry Form

School District_____

Food Service Director_____

Art Teacher_____

Number of Posters to be Submitted_____

Please fill out information below: **(Only one district entry per division)**

K Division (Kindergarten)

Name of School_____

Address_____

Name of Student _____

Grade Level_____

Division I (Grades 1-2)

Name of School_____

Address_____

Name of Student _____

Grade Level_____

Division II (Grades 3-5)

Name of School_____

Address_____

Name of Student _____

Grade Level_____

Division III (Grades 6-8)

Name of School_____

Address_____

Name of Student _____

Grade Level_____

Division IV (Grades 9-11)

Name of School_____

Address_____

Name of Student _____

Grade Level_____

Senior Division (Grade 12)

Name of School_____

Address_____

Name of Student _____

Grade Level_____

Email to kelly.doppelhammer@arkansas.gov